



The State of Delaware

Update on Subcommittee Work: Evaluation of New Programs/Services for FY23

SEBC Meeting

March 14, 2022

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Today's discussion

- Update on Subcommittee work: evaluation of new programs/services for FY23
- Overview of March 10th Subcommittee discussion on condition-specific programs for:
 - Diabetes
 - Behavioral health
 - Musculoskeletal
- Next steps

Update on Subcommittee Work: Evaluation of New Programs/Services for FY23

- In addition to its broad care management programs, the GHIP offers programs and resources that support members with specific health needs such as diabetes and behavioral health
- Opportunities to continue or enhance these programs have recently surfaced through either the medical carriers via the Medical TPA RFP or the State's other vendor partners
- Combined Subcommittees met on March 10, 2022 to begin reviewing opportunities for the following conditions:
 - Diabetes
 - Behavioral health
 - Musculoskeletal

Update on Subcommittee Work: Evaluation of New Programs/Services for FY23 (continued)

- Goals of the March 10th discussion:
 - Share information about selected condition-specific programs
 - Solicit questions and feedback from Subcommittee members about several decision points, with the intention to revisit those decision points and provide answers to follow-up questions at next month's meeting
 - Note that the decision points related to the GHIP diabetes care management program are the most time sensitive given anticipated changes in Aetna's offerings effective 7/1/2022, which will be visible to HMO and CDH Gold plan participants even if no action is taken by the SEBC
 - Based on the above, Subcommittee members were asked to consider finalizing a recommendation on diabetes care management programs for the SEBC's consideration and potential vote by the April SEBC meeting, if possible
- Other questions from Subcommittee members included an inquiry into when other GHIP savings opportunities would be revisited, which is targeted for the May 2022 meeting

Condition-specific programs

Diabetes management

- Subcommittees reviewed summary of resources available to GHIP participants that support diabetes prevention and management, followed by a focused discussion on diabetes care management for non-Medicare plan participants
- Current diabetes care program provided by Livongo, since 7/1/2019
 - Available to plan participants with Type 1 and Type 2 diabetes enrolled in a non-Medicare plan
 - Overview of Livongo program and recent utilization, outcomes and member satisfaction results were discussed
- Aetna is sunsetting its relationship with Livongo, which will not be available to HMO and CDH Gold plan participants after 6/30/2022
 - Aetna's proposed diabetes care management program starting 7/1/2022 is the Transform Diabetes Care (TDC) program, which was recently rolled out to the State's EGWP participants for 1/1/2023
 - Given recent Subcommittee review of TDC, a brief summary of the program was provided
- Highmark will continue to offer the Livongo diabetes care management program
 - Also newly available for Highmark members are options for continuous glucose monitoring through Onduo and a "virtual first" primary care program providing diabetes care management through ChristianaCare, both of which will be further discussed with the Subcommittees in April

Condition-specific programs

Diabetes management (continued)

- Subcommittees to review and determine recommendation to SEBC on one of the following options:
 - Option 1: Maintain Livongo for Highmark members, implement TDC for Aetna members
 - Option 2: Discontinue Livongo and implement TDC for all non-Medicare plan participants
- High level considerations of both options were presented
- A comparison of the expected costs and savings associated with each option will be reviewed with Subcommittees in April, including updated savings for TDC recently provided by CVS
 - This will include details requested by Subcommittee members related to administrative costs, expected savings and impact on health outcomes for each program
 - Drill down on current participation in Livongo will also be provided

Condition-specific programs

Behavioral health

- The GHIP spent over \$36.7 million (medical and drug net payments) on episodes of care for mental health disorders for claims incurred between 11/2020 and 10/2021¹
- Subcommittees reviewed summary of resources available to GHIP participants that support behavioral health, followed by a focused discussion on Rethink, a new resource offering support for parents of children with developmental delays
- Rethink program is available through Highmark starting 7/1/2022
 - Was previously offered directly through Rethink as a free trial to all active State and participating group employees enrolled in the GHIP from August 2020 to mid-2021
 - Utilization of Rethink during free trial period (previously shared with Subcommittees²) was reviewed
- Overview of the Rethink program was provided
 - Digital behavioral health platform providing training, individualized assessments and other educational resources for parents and their children; no age limits or diagnosis requirements
 - Content is based on principles of Applied Behavior Analysis (ABA) and is developed by Board Certified Behavior Analysts (BCBAs) and reviewed by an independent panel of experts in the field of developmental disabilities and ABA
 - Includes remote consultation (phone or video conference) with a BCBA, limited to a fixed number of hours per employee per year; further details will be provided at the April Subcommittee meeting

¹ Source: IBM Watson Health, Mental Health Analytic Report, 3/1/22.

² Source: <https://dhr.delaware.gov/benefits/sebc/documents/sub-comm-2021/0304-rethink-family-support-benefits.pdf>

Condition-specific programs

Behavioral health (continued)

- There is no additional cost to the GHIP for the State to offer Rethink to Highmark plan participants in non-Medicare plans
- Subcommittees to determine whether there is consensus on recommending to the SEBC that the Rethink program is offered to Highmark plan participants starting 7/1/2022

Condition-specific programs

Musculoskeletal

- Musculoskeletal conditions are a top driver of GHIP spend
 - Osteoarthritis, spine disorders and joint disorders are among the top 10 medical conditions (by total cost) across all GHIP members for claims paid in calendar year 2021¹
- Subcommittees reviewed summary of resources available to GHIP participants that support musculoskeletal health, followed by a focused discussion on a new virtual physical therapy option
- Virtual physical therapy newly available through Hinge Health, which has partnered separately with SurgeryPlus and with Aetna
 - Hinge Health was founded in 2015, has over 600 customers and has published a third-party validated clinical study reflecting improved health outcomes among program participants
- Program overview:
 - Purpose is to avoid common musculoskeletal injuries and unnecessary surgical procedures, and provide pain management support for members who are not candidates for surgery
 - Provides member with personalized care plan created and delivered by a licensed doctor of physical therapy, access to board certified health coaches for ongoing check-ins and counseling, and app-based, wearable technology to facilitate physical therapy sessions and provide feedback to health coach about quality of those sessions
 - Entire digital experience available via one app, including member's interactions with physical therapist and health coaches along with monitoring of the member's physical therapy exercises

¹ Source: Q2 FY2022 financial reporting, <https://dhr.delaware.gov/benefits/sebc/documents/sub-comm-2022/0224-financial-reporting.pdf>.

Condition-specific programs

Musculoskeletal (continued)

- Several questions from Subcommittee members were raised and will be addressed at the April meeting, including:
 - Additional details related to health outcomes data presented for Hinge Health's book-of-business
 - Options for members who are not engaging in virtual physical therapy (i.e., in-person care)
 - Opportunity to view a demo of the program
- Further information about the member experience (including how it may differ when Hinge Health is offered through SurgeryPlus vs. Aetna), referral processes from other GHIP vendors and program cost and outcomes will be reviewed with the Subcommittees in April
- Additionally, Highmark has a partnership with Sword Health to provide virtual physical therapy, which will be discussed in more detail at the April meeting
- Based on this information and discussion at subsequent meetings, Subcommittees to determine recommendation to the SEBC regarding implementing a virtual physical therapy solution(s) for GHIP participants

Next steps

- Answers to Subcommittee member questions will be addressed at next month's Subcommittee meeting
- These condition-specific programs will be revisited next month for the Subcommittees' determination on readiness to finalize any recommendations for consideration by the SEBC as early as April 2022
 - Note that the decision points related to the GHIP diabetes care management program are the most time sensitive given anticipated changes in Aetna's offerings effective 7/1/2022, which will be visible to HMO and CDH Gold plan participants even if no action is taken by the SEBC
 - Based on the above, Subcommittee members should consider finalizing a recommendation on diabetes care management programs for the SEBC's consideration and potential vote by the April SEBC meeting, if possible